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TO : Director of Security
VIA : Deputy Director of Security
VIA : Chief, Security Research Staff
FROM : [redacted] A
SUBJECT: ARTICHOKE Operations Report [redacted] August-September 1954 F

DATE: 14 September 1954

1. Between Wednesday, 25 August, and Saturday, 4 September 1954, the SO ARTICHOKE Team conducted special interrogations [redacted] on three operational cases. Another case was studied at [redacted] but turned down on both medical and security grounds. In the opinion of all team members, case officers and others directly or indirectly involved, the ARTICHOKE operations were successful. Details follow.

2. The ARTICHOKE Team was composed of the following individuals: [redacted]

3. In view of the highly sensitive nature of the ARTICHOKE techniques, operations at [redacted] were carried out at a safe house [redacted]. The safe house itself, of medium size, is in a reasonably protected area, partially fenced and screened by shrubs and trees from its nearest neighbors. A limited and highly trusted [redacted] household staff, consisting of husband and wife provided meals as required but were kept entirely away from the ARTICHOKE operations which took place in a carefully guarded basement area. [redacted] on a twenty-four hour basis covered the first case [redacted] but guard protection was not required on the second [redacted] and third [redacted] cases. Security measures were carried out under the direction of [redacted] and case officers of his staff and insofar as can be determined, no security problems arose during the handling of these cases owing to proper and cautious control of the subjects, transportation and choice of location.

4. Only one unusual security situation presented itself and that was the use of [redacted] and interrogator-interpreter in the [redacted] case. [redacted] was not a staff officer. He is, however, an American citizen, [redacted]

and a completely trusted Agency contract employee of a number of years standing. According to [redacted] had been briefed concerning many operations at the highest levels and was the ideal choice for interrogator-interpreter in the [redacted] case because of his unique language ability, his very excellent interrogation methods and direct personal knowledge of the case itself. After consideration of all the facts and with the agreement of both [redacted] from an operations point of view, the writer accepted [redacted] as interrogator-interpreter but denied him access to technical details of ARTICHOKE.

5. Technical matters in the cases of [redacted] were entirely handled by [redacted] using equipment obtained from [redacted] Full tape recordings were made of all cases. Tapes were turned over to the case officers involved upon completion of each case. In addition, [redacted] assembled a two-way transmitting and receiving unit which was used during the cases and which enabled [redacted] and the writer) to be kept abreast of the interrogations as they were carried on by the interrogators and/or case officers.

6. For matter of record, it should be noted that technical equipment [redacted] is in poor condition and needs much repairing and overhaul. This is not the fault of [redacted] but is apparently due to a lack of a technical specialist [redacted] In view of this [redacted] and the writer recommend a small, compact unit (probably battery-powered) be designed and assembled for special use in connection with ARTICHOKE work and that it be sent to [redacted] where it can be held in a ready status for future work.

7. Cover for the actual ARTICHOKE operation followed standard methods. Each subject was told in general terms that they were to be used on further work but that policy demanded persons going on assignments be tested physically and psychologically for our protection as well as theirs. Hence, a complete physical and psychiatric-psychological examination was required. These examinations were then in each case carried out by [redacted] and [redacted] All subjects readily accepted this medical cover and the ARTICHOKE technique was introduced easily and with full consent of the subjects. It should again be noted here in the record that these medical/psychiatric examinations are very valuable for several reasons:

a) They give a good medical and psychiatric picture of the subject and aid in assessment of his physical and mental capacities.

b) A subject's story is re-introduced from a new angle and often important background material turns up in the examination.

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c) The examination gives [redacted] an opportunity to gain the subject's confidence (establish rapport), and also provides a perfect cover for the use of intravenous injections.

B/6 CASE 1 -- [redacted]

A 1. On 25 August and prior to the actual use of the ARTICHOKE techniques, all participating personnel were given a complete, detailed briefing of the case by [redacted]. Procedures were worked out, a general time schedule was prepared and all necessary operational instructions for ARTICHOKE were issued.

B/6 2. The subject, [redacted] was turned over to our people for exploitation. Long and continuous interrogation by [redacted] had brought to the surface a fairly well-established story. ARTICHOKE was requested to either contradict or affirm this story, produce new information and give assistance to case officers studying future use of the subject. Following such techniques had previously been applied in this case. A

A 3. Following established patterns and [redacted] examination was [redacted] on a combined [redacted] basis. This examination began at 2:07 P.M., Tuesday, 26 August, [redacted] and this examination concluded at 6:45 P.M. [redacted] Subject was cooperative throughout the examination. [redacted] described subject at this time as in good health, having no abnormalities and with very little tension shown. He also was described as mentally alert, oriented and clever.

A 4. On Friday, 27 August, at 10:22 A.M., [redacted] another participating personnel [redacted] acting as interrogator, began a second physical and psychiatric interview and examination. During this interview [redacted] continued his background probing stressing subject's education, scholastic knowledge and personal views on topics of general interest. Subject again was cooperative and rapport seemed well established. This session ended at 12:00 noon.

5. At 1:50 P.M., on the same day, the third session began. Subject was told his blood pressure was elevated and certain medical steps were required to reduce it and make him relax.

A Note: A detailed medical report has been filed by [redacted] in all cases handled and covers medical and psychiatric aspects of these cases. Copy is attached.

6. At approximately 2:00 P.M., subject was asked to recline on the bed and at approximately 2:15 P.M. intravenous injections were begun. From

[redacted]

roughly this point until 1:22 P.M., when the interview ended. ARTICHOKE techniques were applied. These techniques, which followed a previously agreed upon plan were in three stages:

a) A phantasy in which [redacted] Results were controversial although professional opinion reflects that subject had little control. Time, thirty to forty minutes.

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b) A phantasy in which [redacted] results were very good and confirmed basic material. Time, forty to fifty minutes.

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c) Following development of phantasies as described above, subject was interrogated directly [redacted] results were again good, significant material was confirmed and from a professional view, subject had little control. Time, thirty to forty minutes.

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7. On Saturday, 28 August 1954, at 10:00 A.M., a formal conference was held in [redacted] office and the case reviewed. It was agreed that results were good and that subject had given the general description of the truth with some unexplained details. [redacted] reported confirmation of names, codes, legends with some new information developed. [redacted] also pointed out that of extreme interest and significance to him was that subject while under ARTICHOKE had spoken highly of the Americans. This conference concluded at 10:2h A.M.

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8. At 11:09 A.M., the same morning, both doctors [redacted] in a final interview with subject. Subject's condition was reported as satisfactory, only complaint being a headache. Subject spoke of dreams (see [redacted] report.) and in general appeared somewhat confused in regard to the previous day's activities but no antagonism was noted. Tests were not run to check amnesia. Subject spoke of having a "feeling of satisfaction" and reiterated a willingness to do anything for us and of hating [redacted] The interview was concluded at 11:h2 A.M. and team returned to station headquarters at 12:30 P.M. For the record, it should be noted that subject was informed at the conclusion of this interview that all tests and examinations were finished; that we were now convinced he had told us the truth and that a "favorable" report would be made to "higher authorities" on his behalf. It should also be noted, in response to a request from [redacted] that the team's good that there could be no objection into operational use of the subject including returning subject [redacted]

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B/6 CASE 2 -- [redacted]

1. Following standard procedure and prior to use of [redacted] techniques, a full discussion was held by all participating personnel concerning this case on Saturday, 26 August 1950. Details of the procedure, a general time schedule and necessary operating instructions were carried out. Specific briefing was handled by [redacted] Case Officer, who acted as interpreter-interrogator throughout.

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2. The subject, [redacted]

B/6 [redacted] He was exposed under interrogation and poly graph techniques [redacted] As a result, subject attempted suicide by hanging. Subsequently, he again had been polygraphed after long interrogation and had nearly collapsed. [redacted] described his condition at this time as dazed and suffering from shock. Later, another poly graph test had been attempted but either because of extreme nervousness or tension results were erratic and useless.

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3. On Sunday, 27 August 1950, at 2:00 P.M., [redacted] with [redacted] as interpreter began a combined physical-psychiatric examination. This examination was concluded at 4:47 P.M. Both doctors described subject as physically "normal." During the course of the examination, subject repeated with material deviation his previously given life story. He appeared frank, unguarded and fully co-operative. [redacted] described subject as a "very dependent individual" at this time.

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4. On Monday, 30 August at approximately 10:00 A.M., after explaining the necessity of further examination to subject at conclusion of the previous day's examination, actual [redacted] treatments were commenced. First injection was made at 10:30 A.M. and subject went rapidly into a sound sleep, (see [redacted] report). Subject, however, after a short period of time and after stimulation reacted poorly to the treatment and two attempts to introduce phantasy were unsuccessful. Subject then continued to resist treatment although massive doses were tried until approximately 11:45 A.M. when additional injections reduced a satisfactory state and [redacted] opened up with direct interrogation. This interrogation which lasted about forty to forty-five minutes produced satisfactory information of a confirming nature. [redacted] stated that in his professional opinion this induction was satisfactory and [redacted] confirmed the accuracy of the subject's statements at this time. The session concluded at 12:27 P.M.

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5. At 1:15 P.M., [redacted] held a short, follow-up interview with the subject. This concluded at 1:30 P.M. and the case was terminated.

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6. At 2:30 P.M., all participating personnel discussed the case in the office of [redacted] Team conclusions, based on the professional

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opinions [redacted] were to the effect that subject apparently was telling the truth but that if ever taken into custody by [redacted] he would also tell them the truth as he knew it under the claimed duress. Further, that except in a negative or seduction sense, subject was a poor operational type. The doctors explicitly stated that subject was depressed, emotionally unstable, strongly suicidal, undependable in action and a highly dependent person. It was further established that subject had no anxiesia for the Artichoke treatment and knew that "solutions" had been given him. What he was given, number of injections and such details would be unknown to the subject and the team posed no objections to possible future use of the subject (guided by the above conclusions) in operations.

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7. This case is worthy of note in that it demonstrates again that the exact effect of drugs upon human beings cannot be always correctly predicted. This subject took extraordinarily heavy doses of powerful drugs with little effect although subject himself was not a large, heavy or robust type.

B/6 CASE 3 - [redacted]

1. On [redacted], in the late afternoon, again following standard procedure, all participating personnel were briefed concerning [redacted] details of procedure, a general line schedule and necessary [redacted] briefing instructions were worked out [redacted] Case Officer, [redacted] for [redacted] the briefing. [redacted] was not at this time informed by [redacted] such as interpreter-interrogator for the Artichoke operations because of [redacted]

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2. The [redacted]

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[redacted] subject had successfully undergone steps in this direction in that he had [redacted] had made some contacts. Further he had recently very successfully sold himself [redacted] since they were at the time of the [redacted] had previously returned him [redacted] subject had, however, during his time [redacted] shifted his allegiance, given himself up to the [redacted] had been run as a double by them for a brief period of time. [redacted] burn, when because of this circumstance he was too complex, turned the subject over to our people who were at the time [redacted] Artichoke operation still running the subject. Subject had, with minor variations, held to his [redacted] story of guilt-ridden aid under our interrogation and because of this, his nervousness, his working his [redacted] and another

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[redacted]

[redacted] was selected as an
extremely important operational [redacted]
to confirm or contradict his story. Being an new and possibly hitherto
material and to assist [redacted]
use of this unique subject particularly in view of his access to [redacted]

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3. On Tuesday, 31 August at 10:42 A.M., following previously [redacted]
[redacted] Case Officer, acting as interpreter began routine [redacted]
and negative [redacted]. These examinations continued until 1:00 P.M., [redacted]
was interrupted for lunch and began again at 2:00 P.M. [redacted] until
approximately 3:25 P.M. At 3:35 P.M., AETOMIDATE treatment began with the
first intravenous injection.

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4. At this point, it is important to note in the record that [redacted]
[redacted] in his psychiatric probing during the previous three days
[redacted] had turned up [redacted]
[redacted] for whom the subject had a rather deep and long-standing devotion
although he had not seen him since [redacted]
his present life and [redacted]. Because of this and [redacted]
suggestion, it had been agreed to attempt to create a phantasy around the
figure of [redacted] first effort with the subject.

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5. Subject reacted very rapidly to the AETOMIDATE treatment. When
desired depth had been reached, [redacted] left the operations room and
[redacted] (who as noted previously speaks fluent [redacted]) entered
and took [redacted] place. As the subject slowly came out from the
first effects of the injection the phantasy was introduced [redacted]
[redacted] The phantasy rapidly developed.
[redacted] subject vividly and [redacted] subject [redacted] about him, his
personal life, his present address and many related matters. [redacted]
[redacted] answered subject's questions and in turn asked revealing questions
of the subject. These questions, highly pertinent to the examination
use of the subject, were answered freely by the subject and the information
taken during the three-quarter hour period the phantasy continued was re-
garded as revealing and valuable.

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6. At approximately 4:20 P.M. and after all pertinent matters had
been covered and with subject showing signs of restlessness, additional
injections were given subject and the phantasy was broken off by the
induction of sleep. At about this time, [redacted] and the writer who
had been in the operations room left and only [redacted]
[redacted] remained--the same group that was present when treatments
were commenced at 3:35 P.M. It is interesting to note that as the subject
gradually aroused and the effects of the treatment dissipated, the subject

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continued to insist that [redacted] had been with him the week end past he was there now about. The subject was inclined to [redacted] that he had tricked him and that he wanted [redacted] returned to the [redacted] village. The subject, although still confused, accepted the explanation [redacted] that he had dreamed vividly and acted bizarrely owing to his drug.

The case was concluded at about 5:30 P.M. after [redacted] and checked subject's condition and found it satisfactory. (Medical report indicates previous heart condition.)

8. On Wednesday, 1 September 1954, a general conference was held with [redacted] all case officers involved and the ARTICHOKE team present. The case of [redacted] was discussed and results termed as highly satisfactory and important. The ARTICHOKE team, based on the observed results of the treatment and on the professional opinions of [redacted] interposed no objections to operational use of subject or returning him [redacted] In addition, general matters involving all cases were discussed and results were reviewed.

9. It should be noted here that all of the above cases were handled under straight drug techniques--hypnosis or narco-hypnosis was not attempted. This was agreed upon for two basic reasons: a) [redacted] were extremely pressed for time and b) there were no [redacted] case officers available or present at [redacted] who were in any way versed in hypnosis.

10. At the conclusion of the work at [redacted] the ARTICHOKE team returned to [redacted] at the request of officers there to examine the possibility of the use of the ARTICHOKE techniques in connection with two subjects. After a careful examination of all details available in these cases, ARTICHOKE treatment was denied on both medical and security grounds. Thereafter on Saturday, 4 September, after clearing the above cases on Thursday and Friday, the ARTICHOKE team left the area.

CONCLUSIONS

1. In the opinion of the ARTICHOKE team members, the effort was profitable and generally successful. As has been stated before, absolute predictions as to outcome of cases cannot be made in advance. Certainly amnesias cannot be guaranteed. However, it is still felt that the ARTICHOKE techniques are a valuable support weapon and should with more casework and more research become increasingly efficient and certain.

SPECIAL COMMENTS

1. The ARTICHOKE team greatly appreciates the opportunities for handling actual casework. This is the only positive test of research and study.

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2. The efforts of [redacted] in building the [redacted] case with very little opportunity for preparation deserves commendation.

3. The ARTICHOKE team wishes to thank the [redacted] for their complete support in this operation. The [redacted] which is the basis for the ARTICHOKE operations was carried out with remarkable success by [redacted] In these cases, because of the understanding and capacities of [redacted] and cover was perfectly developed, rapport was reached with the subjects and cases were rapidly, smoothly and profitably handled. It is particularly worthy of comment that on very short notice, the [redacted] not only authorized participation of [redacted] but assisted [redacted] to the operation with resultant loss of his services to urgent medical problems in the operations area.

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4. In connection with the above, the writer recommends that some official communication be addressed to [redacted] in appreciation of his efforts on behalf of the ARTICHOKE operations and his kind motivation in interrupting a pleasure trip, at great inconvenience to himself and his wife to assist the Agency in urgent work.

A [redacted]

[redacted]

AUTOPSY MEDICAL REPORT

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by [redacted]

[redacted]

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Case No. 1 [redacted]

1. Subject is [redacted] thoroughly examined since March. He were briefly completely by [redacted] and the interrogator on 25 August. Subject was first examined at two o'clock on the afternoon of 26 August. He appeared tense, apprehensive, perspired freely, and gave further evidence of tension in that his blood pressure was elevated. As a preliminary step, the [redacted] medical consultant performed a physical examination which revealed no evidence of abnormality. Subject was cooperative during this procedure but displayed increasing evidence of tension. The examination was conducted through the interrogator acting as interpreter. There were no problems during this part of the examination. The details of the material listed or already discussed will not be re cated.

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2. It was my impression during the entire first examination that Subject was very guarded but not particularly evasive. He responded readily to questions without hesitation and became emotional on only one occasion, which was in regard to thoughts about [redacted] He was able to discuss [redacted] without much evidence of emotion. He kept himself well in hand, and in the first examination there were very few, if any contradictions which I could detect. It should be noted, however, that it was very difficult to get him to discuss anything pertaining to himself. He discussed freely his family and asked if he needed to discuss [redacted] At the slightest provocation, he would burst into political and pseudo-philosophical discourse, but in regard to personal matters he was very curt and less verbose. The interview was terminated after three hours.

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3. The next morning, 27 August, at approximately nine o'clock the interview was resumed. Some personal matters were elicited during this interview, none of which seemed to be particularly pertinent. His biological knowledge was discussed and found to be very scanty. His classification, for example, of living beings was quite inaccurate, but I don't believe that this has any great significance because he was [redacted] he himself had had no biological training but had been merely told that he could teach the subject and was teaching from a textbook.

4. He mentioned "scholastics" on one occasion, but it developed that he had no knowledge of scholasticism except what he had heard about the stupidity of scholastic philosophers while taking a course in the history of education. His concept of God and religion was discussed. He stated that on one occasion he had been urged to come [redacted] but his knowledge in this area is also very sketchy and insufficient. It is of interest to note that he has no knowledge

[redacted] and that he completely rejects, on the basis of some scholastic authority the source of which is not clear, the [redacted]. He studied psychology during a course [redacted] but was taught no theory of behavior and was given a classification of personalities which dates back at least a hundred years.

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5. In the area in which we explored, he seemed to have no specialized knowledge. This is in conformity with his statement that [redacted] the examination was terminated at twelve o'clock with the statement to the patient that it would be necessary to make some more psychological tests before we could conclude this part of the examination. He expressed willingness to cooperate and the relationship during the entire morning was considered good.

6. At 2:15 p.m. Subject was told that we had noted on a number of occasions that his blood pressure was elevated and that before continuing the examination, we desired to have him more relaxed, even if it were necessary to give him some medicine to bring about such relaxation. He was asked to recline on a couch. His initial blood pressure was 160/95. After ten minutes of conversation, his blood pressure dropped to 140/90, but his pulse which was originally 120 was still the same. He was told, therefore, that we would have to draw some blood in a effort to lower his pressure. He accepted this readily and stated that "he would be willing to give all five liters of his blood" if the Americans asked him to. The [redacted] G medical consultant used a 20-gauge needle to enter his left antecubital vein and made an initial injection of 3cc of 2½ percent solution. Almost immediately Subject commented upon a feeling of relaxation which increased with the injection of 2cc more of the solution, shortly after which, he complained of light-headedness and a feeling of drowsiness. The injection was continued slowly at the rate of about 1cc per minute, until 20cc of the solution had been given, at which time subject was sound asleep. Through the same needle, he was given 2cc of the sedona solution. There was no immediate response to this.

7. According to the previously adopted plan, the interrogator was supposed to induce the phantasy that he was [redacted] B/3 case officer. This attempt was made as Subject gradually returned to a responsive state. At this point, we have somewhat of a difference of opinion. It is my feeling, on the basis of the interpretation which I was receiving, that the interrogator succeeded in some measure in this effort. The interrogator, however, feels that Subject identified him as himself almost immediately. However, the conversation as it proceeded impressed me as one which would not have been appropriate if Subject were certain of his interrogator. For approximately thirty minutes, Subject was in a good state of detachment, and it is my

[redacted]

belief that he had very little control during this period. After thirty minutes, his control gradually returned to the extent that he recognised a fourth party in the room, whereas before there had been only three.

8. Before complete recovery, he was given another injection of the first solution over a period of five minutes, consisting of 15cc. He had another good initial response and this time the interrogator initated a friend [redacted] B 13
This response was exceptionally good and was associated with a good initial response of hatred to his interrogator. This response remained very good for approximately thirty-five minutes. During this session also, the interrogator thought that he had been recognised as himself, but this was proved erroneous by further developments and the interrogator himself recognises that the man was living actively in his fantasy. Everything which was said was appropriate to the circumstances. The content is on the recordings of the interview.

9. After forty-five minutes, he again began to control himself well, and he was given an intra-muscular injection of 1cc of the second solution followed in ten minutes by 1cc of the first solution. His response was again good and the interrogation proceeded with direct interrogation. It was considered that during the first thirty minutes of this session, Subject had little control. His final blood pressure was 130/80.

10. It is my overall impression that from a technical examination, it was a satisfactory interview. For approximately thirty minutes at the beginning of each of the three segments of the procedure, there was good detachment from reality and loss of control. There are two things, however, that need clearing up, neither one of which is probably very important. At one time Subject stated spontaneously that he would like to [redacted] to the best of our knowledge, he is not a [redacted] The second point is that he claims of a number of [redacted] Otherwise, as I understand from the interrogator, the story checks "all too perfectly." It is my own impression, based on the total examination, that in the areas which were covered, Subject was telling the truth.

11. At a final interview on 26 August, conducted with the same case officer, Subject complained of a headache and related a rather involved dream in which he was in [redacted] having the feeling that he had recently come there fro[redacted] He was looking at the train schedule to try to find the town of [redacted] he had difficulty in finding this but finally did locate it at the end of the list rather than where it should have been. While he was standing looking at the sign, one of his former case officers

[redacted]

appeared. While he was trying to make up his mind whether he should cuss him out, the case officer appeared to become extremely small and then rose to rather heroic proportions. He proceeded, however, to berate him subsequently. While this was going on, another case officer replaced the first and then he awakened. One point in regard to the whole dream that should be mentioned is that he felt a very superior attitude toward all the [redacted] who were walking around the station. In reference to the interpretation, he mentioned that [redacted] indicated the time of his life when he was happy, that he had spent a good deal of his life [redacted] and that the case officer who grew small and then large produced the association of an experience of the previous afternoon when he thought he saw a fourth person in the room who was very tall and dark in appearance. No real attempt was made to test his amnesia for the events of the preceding day. But one has the impression that he has mixed feelings in regard to it with confusion in his own mind as to how real any part was.

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12. He was reassured that our tests were finished, that we were convinced that he had told the truth, and that we would recommend to higher authorities that he be given greater privileges.

[redacted]

[redacted]

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1. Subject is a [redacted] He appeared to be cooperative and on the first meeting, which was held on 29 August from two o'clock until five o'clock, his life history was discussed. Since his history has been previously recorded, no comments will be made about this. His speech was free, unguarded, and frank. He very definitely gives the impression of an individual who, while somewhat resentful of authority, is quite acquiescent to it. He is a dependent individual and, although having a fair education, he has no great insight and tends to parrot much of his learning.

2. He was treated on the morning of 30 August, starting at 10:30. His blood pressure was 130/80. A complete physical examination had been done the day before which was entirely normal. He was given 20cc of the first solution and went soundly to sleep. After completing the arrangements in the room, he was awakened and an attempt was made to induce a phantasy of a friend helping to him upon his return [redacted] this was unsuccessful. He immediately integrated himself and was quite aware of his surroundings. Being obvious that this attempt was unsuccessful, he was slowly given 15cc more of the first solution, followed by 1cc of the second solution. An attempt to induce a phantasy was still unsuccessful. He drifted into ideological discussions along with a good deal of self-condemnatory conversation. Although he was influenced by the injections and was more verbose and more frank, this was not considered a very satisfactory phase.

3. About 11:15, the injection of the 20cc of the first solution was started and, in an effort to overcome the difficulties encountered in the first two phases of the examination, this was given continuously instead of intermittently. With this type of injection, a rather satisfactory comatose state for interrogation was obtained. The case officer then proceeded with a regular interrogation. At the termination of the interrogation, he was given 1cc of the first solution. Until the interview was terminated, he continued to speak freely and frankly and was much less guarded than he had been before. The last forty-five minutes of this phase was considered satisfactory.

4. In summary, Subject seemed to be a depressed, emotionally unstable, somewhat idealistic [redacted] who has made one suicidal attempt of serious proportions and who may well make another. He believes that he is mistrusted, although he appears to be superficially pleasant and happy, there is a good deal of depressive material close to the surface. He does not have an amnesia for the procedure, but he knows nothing about it except that he was told some blood would be drawn. He readily recognizes by the effects that he was given something

[redacted]

in addition to the drawing of blood, but he does not know how many solutions were used or of what nature. He asked if a narcotic had been given and he was told that it was merely a weak solution used in psychological testing. He questioned my identity as a physician a number of times although he accepted the [redacted] as a genuine physician. His final conclusions seemed to be that I was some sort of psychologist. It is my opinion, after the total examination, that Subject is probably telling the truth.

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5. I seriously question his value for [illegible]. His dependency makes him grasp for the nearest authoritative source on which he can lean. His doing this at the present time with us indicates that he is just as likely to do so if [illegible] territory. This does not indicate that he is not telling the truth now, but that he would probably also tell the truth upon his return. We consider his operational potential nil, except perhaps to return to his homeland with a good deal of pseudo information.

[redacted]

B/6 [redacted]

1. Examination was conducted on 31 August 1954 in the same location as Cases No. 1 and 2 [redacted] The examination started at 10:30 a.m., was interrupted for lunch at 1:00, was resumed at 2:00, and the treatment started at 3:35. In the initial examination, the pertinent factors in the case were reviewed. These are recorded elsewhere and will not be repeated. It was decided to attempt to induce a phantasy of a meeting between Subject and [redacted] The induction was started at 3:35 and Subject was given 15cc of the first solution, at which time a substitution was made in interrogators and in place of [redacted] who had previously conducted the examination, [redacted] speaking interrogator, [redacted] took his place. As Subject aroused, [redacted] started a discussion in [redacted] The phantasy was rapidly and vividly induced, Subject clinging to his old friend and attempting to find out his present address and what he had been doing since [redacted] which was the last contact Subject had had with him. In order to be certain that the situation was kept under control, Subject was given a continuous injection, receiving over the next hour 25cc of the first solution (a total of 40cc). After all pertinent information had been obtained, sleep was induced to break off the phantasy. This was done with difficulty, however, because when Subject aroused, he insisted that [redacted] had been present. As he was more completely aroused, he recognized the impossibility of this and began to joke about the fact that he had dreamed so vividly. When he did arouse, the situation had been returned to normal and [redacted] had taken the place which he occupied at the beginning.

2. None of Solution No. 2 was given because Subject's history reveals susceptibility to [redacted] which he has had for about two years. In view of his negative physical examination, it was decided safe to proceed with the treatment. His physical condition at the end of the procedure was good. Except for a slight feeling of being drunk, he was fully aroused and talking clearly.

3. This treatment was highly successful from a strictly professional viewpoint. The phantasy was vivid and quickly induced. It was maintained as long as the interrogator desired and had to be terminated by induction of sleep.

[redacted]